



Stockpiling Antiviral Medication (Oseltamivir)

22 September 2004

Pandemic Influenza



Situation:

- **The US Government is purchasing the anti-viral medication Oseltamivir (Tamiflu) for the Strategic National Stockpile in order to prepare for an influenza pandemic scenario.**
- **Department of Defense needs to prepare for this as well.**

Pandemic Influenza



Situation:

- **Oseltamivir is currently the only effective antiviral medication to the most likely pandemic strain (H5N1)**
- **Antiviral medication required to cover the time gap between when pandemic influenza emerges and when an effective vaccine becomes available (~6 months)**

Assumptions



- **Strain will emerge OCONUS and spread rapidly (days/weeks notice)**
- **Pandemic will spread in “waves” lasting approximately 6 weeks**
- **Marginal slowing from aggressive public health measures**
- **Limited worldwide availability of anti-viral meds but DoD logistics system can get meds to where they are needed on time**
- **Vaccine available within 6 months (by the end of the first wave of the pandemic)**

Planning Factors



- **Use of antiviral medication is effective in preventing illness**
- **“Treatment Course” = 10 pills (1bidx5d) -> DoD cost is \$41.80**
- **Prophylaxis = 1 pill daily while at risk (not FDA approved for > 8 weeks)**
- **Prophylaxis preferred option for preserving operational readiness**



Overview:

- 1. Protect forward deployed operational forces**
- 2. Protect critical healthcare personnel in outbreak areas**
- 3. Treatment of high risk patients**
- 4. Treatment for other beneficiaries**

Strategy (1)



- **Prevent forward deployed combat forces from developing significant influenza illness**
- **Provide prophylactic antiviral medication during the time at risk for contracting influenza (up to 6 weeks).**

Strategy (cont.)



Implementation:

- **Population at Risk: forward deployed forces= ~300,000 (per Joint Staff)**
- **Add 10,000 HQ critical personnel**
- **Requiring up to 42 pills (1qdx6wks)**
- **Total requirement=13 million pills**
 - **1.3 million packages@ \$41each**
 - **\$51.6 million**

Strategy (2)



- **Keep the Military Healthcare System operational during an influenza pandemic**
- **Provide prophylactic antiviral medicines for critical healthcare workers during the time they are at risk for contracting influenza (up to 6 weeks).**

Strategy (cont.)



Implementation:

- **Military Health System =
117,000 military/40,000 civilians**
- **“Critical” Healthcare workers-
estimate 25% of total ~ 40,000**
- **Integrate into the national plan
(and use of SNS medications)**
- **Requirement= 1.7 million pills
– 170,000 packages= \$7 million**

Strategy (3)



- **Prevent excess morbidity by identifying persons at risk for death or severe complications from influenza.**
- **Treat early in the course of illness with antiviral medications.**

Strategy (cont.)



Implementation:

- **CONUS: Treatment of sick high risk beneficiaries as part of the National Pandemic Influenza Response Plan**
 - Anti-viral medication use in this population will follow local standards and distribution will be through community resources (SNS)
- **OCONUS: DoD will need to provide required treatment courses**
 - Will require additional 10,000 adult and 7,000 pediatric packages/treatment courses (\$700,000)



Summary:

- 1. Protect forward deployed operational forces: 1,300,000 packs**
- 2. Protect critical healthcare personnel: 170,000 packs**
- 3. Treat OCONUS high risk patients: 17,000 packs**

Total= ~1.5 million packages

Acquisition



- **CY'04- Develop agreement with HHS for use of meds from the SNS (150,000 packages)**
- **FY'05- Purchase 300,000 packages (\$12.6 million)**
- **FY'06 and beyond- annual purchase of 300,000 packages**
- **This strategy will result in 1.2-1.5 million doses in DoD stockpile by '08 (four year shelf life of product)**



QUESTIONS